

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593217

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5		2		1		
6		1		1		
7	1		1			
8		1		1		
9		1		1		
10		2		1		
11		1		1		
12	1		1			
13	1					
14		2		1		
15		2		1		
16		1		1		
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22		1	X	X	X	X
23	1					
24	1					
25	1					
26	1					
27		5				
28	1					
29		1				
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49						
50						
TOTAL IND.	15	↓	9	↓		↓
TOTAL DEP.	28	←	11	←		←
TOTAL CLAIMS	43		20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						